MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (77)

09689

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Kent

City or town: Chestertown Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Front St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Front St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Jane Gibbs

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Boland	Widowed

6 (b) Name of husband or wife: Joe Gibbs

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 20, 1880

8. AGE: Years	Months	Days	If less than one day
69.1886	June 3	20	hrs. min.

9. Birthplace: Swan Creek
(Town, county, and state)

10. Usual occupation: House work

11. Industry or business:

FATHER
12. Name: George Sanders
13. Birthplace: Swan Creek

MOTHER
14. Maiden name: Rebecca Barrol
15. Birthplace: Unknown

16. Informant: Unknown
Address:

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 24. 1939 (month) (day) (year)

Cemetery or crematory: Sand bottom

Location: George town.

18. Funeral director: Asbury Henry

Address: Chestertown Md Rt 2

19. Sept 24 1939 (Date rec'd by registrar) Alice C. Small Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 20 1939, at 9.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 18 1939, to Sept 20 1939, and that I last saw h-- alive on Sept 20 1939.

Immediate cause of death	DURATION
Arteriosclerosis	2
Due to	1
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Ot operations:

Ot autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. J. Simpers M. D. or other

Address: Chestertown Date signed 9-23-39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09095

1. PLACE OF DEATH

County Kent. Registration Dist. No. 200

Village or City Chestertown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Infant Hampe

(a) Residence: No. ... St., ... Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			Full Term	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kent Co Md
(State or country)

FATHER

13. NAME James Hampe

14. BIRTHPLACE (city or town) Kent Co Md
(State or country)

MOTHER

15. MAIDEN NAME Leydia Wyman

16. BIRTHPLACE (city or town) Kent Co Md
(State or country)

17. INFORMANT James Hampe
(Address) Millington Md

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Salem Cem. Date Sept. 9, 1939

19. UNDERTAKER James Hampe (Father)
(Address) Millington

20. FILED Sept 9, 1939 Effiritt Brice
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 9, 1939
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1939, to Sept. 9, 1939
I last saw h... alive on Sept. 9, 1939; death is said
to have occurred on the date stated above, at 8 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Premature Birth	
7 months Gestation	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an au'opsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. W. Stark M. D.

(Address) Chestertown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 6 1933
BUREAU V. S

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09091

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (720)

County Kent Registration Dist. No. 200

Village or City Galt No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie B. Haggard

(a) Residence: No. Galt md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John E. Haggard

6. DATE OF BIRTH (month, day, and year): Nov. 12-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Millington Md

FATHER

13. NAME: Samuel Bradshaw

14. BIRTHPLACE (city or town) (State or country): Galt, Md

MOTHER

15. MAIDEN NAME: Harriet Wilmore

16. BIRTHPLACE (city or town) (State or country): Millington Maryland

17. INFORMANT (Address): John E. Haggard Galt Md.

18. BURIAL, CREMATION, OR REMOVAL Place: Galt Md. Date: Oct 1, 1939

19. UNDERTAKER (Address): B R Fellows Millington Md.

20. FILED 10/2, 1939 M. Owen Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 29th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to Sept 29th, 1939

I last saw h[illegible] alive on Sept 25th, 1939; death is said to have occurred on the date stated above, at 9 a. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	May 1939
Other **Contributory Causes** of importence:	
Hugh Blood Pressure	Sept 1939

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes disease or Injury in any way releted to occupation of deceased?

If so, specify

(Signed) H. R. Copeland M. D.

(Address) Millington Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family**, cook—**hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store**, **soap factory**, **cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer**, **mechanical engineer**, **mining engineer**, **stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter**, **painter**, **machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09092

(92-a)

1. PLACE OF DEATH

County Kent Registration Dist. No. 203

Village or City Rock Hall (Kinnen Neck) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helena Hinefelt If U. S. Veteran, specify WAR

(a) Residence: No. (Kinnen Neck) St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Fem.	Wh.	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William B. Hinefelt

6. DATE OF BIRTH (month, day, and year) Jan 14 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8 m.	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md (State or country)

FATHER

13. NAME Anton B Wolbert

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Annie Stitz

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. INFORMANT Husband (Address) Rock Hall Md

18. BURIAL, CREMATION, OR REMOVAL Place Wesley Chapel Date Sept 29, 1939

19. UNDERTAKER Wm H. Gordy (Address) Church Hill

20. FILED Sept 25, 1939 Mrs. T. B. Spurdine Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 26. (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 17, 1939, to Sept 26, 1939

I last saw h.. alive on Sept 26, 1939; death is said to have occurred on the date stated above, at 12 30 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chron Endo-Myocarditis	
decompensation	
Brights Disease	
Hypertension	

Other **Contributory Causes** of importance:

Name of operation — Date of —

Whet test confirmad diagnosis? — Wes there an autopsy? —

23. If daeth was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide? — Date of Injury —, 19—

Where did Injury occur? (Specify city or town, county and State)

Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disaase or injury in any way ralatad to occupation of deceased? —

If so, spacify —

(Signed) Albert G. Burgard M. D.

(Address) Rock Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09093

CERTIFICATE OF DEATH

93-C

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Kent

City or town 402 Wash Ave (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chestertown, Maryland

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Kent

City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 402 Wash. Ave. Chestertown, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Roy Micou

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife (Late) Roberta Morrison Micou

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3 1859

8. AGE: Years 80 | Months 7 | Days 25 | If less than one day hrs. min.

9. Birthplace Tappahannock Va. (Town, county, and state)

10. Usual occupation retired College Professor

11. Industry or business Vice Pres. Washington College

FATHER
12. Name James Roy Micou
13. Birthplace Virginia

MOTHER
14. Maiden name Ellen Harvey Jones
15. Birthplace Virginia

16. Informant Mrs Ellen Douglas Nicolson
Address 2205 California St Wash. D.C.

17. ~~Chest~~ Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 30 39 (month) (day) (year)

Cemetery or crematory Chester Cem.

Location Chestertown Maryland

18. Funeral director Marion V. Williams
Address Chestertown Md.

19. Sept. 30 1939 (Date rec'd by registrar) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1939, at 3 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1938 to Sept 28 1939, and that I last saw him alive on Sept 26 1939.

Immediate cause of death: Chronic Myocarditis — DURATION several yrs

Due to Acute Arthritis — 1 yr

Due to Arterio Sclerosis — several yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury None Injured at work?

23. SIGNATURE Frank Hines M. D. or other

Address Chestertown Md. Date signed Sept 29/39

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OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09094

Reg. Dist. No. 20

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Kent
City or town Near Bolts Kent Co Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 0
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Bolts R.D. Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Scott Rosin

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katie Rosin
6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 3, 1880

8. AGE: Years	Months	Days	If less than one day
59	5	17	hrs. min.

9. Birthplace Delaware
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name Henry Rosin
13. Birthplace Delaware
MOTHER 14. Maiden name Rhud Faulkner
15. Birthplace Delaware
16. Informant Mrs Katie Rosin
Address Bolts R.D. Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/17/39 (month) (day) (year)
Cemetery or crematory Galena County Md.
Location Galena Md.
18. Funeral director E. Lester Daniels
Address Townsend Del.
19. Sept. 18- 1939 (Date rec'd by registrar) Merritt Brice Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1939 at 3:20 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept did not attend 19 to 19
and that I last saw h alive on 19

	OURATION
Immediate cause of death Coronary Thrombosis	5 hours
Due to Had complained of pain in chest for a month Which he thought Digestion	
Due to	
Other conditions but did not consult Doctor	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Dt autopsy None

PHYSICIAN
Please underline the cause to which death should be cherged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? None
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury None Injured at work?

23. SIGNATURE Dr Paul Hines Physician or other
Address Bolts for town Md Date signed Sept 19 1939

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (213-d) Reg. Dist. No. 201

CERTIFICATE OF DEATH

09095

1. PLACE OF DEATH:
(a) County Kent, Water of Chesapeake Bay
(b) City or town near Betterton Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 0

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Del (b) County
(c) City or town Wilmington, Del
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Joseph W Taylor Second

3 (b) If veteran, name war

3 (c) Social Security No. yes

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 26 1918

8. AGE: Years 21 Months 11 Days 23 If less than one day ___ hr. ___ min.

9. Birthplace Horsey Virginia
(Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Ogden B Taylor
13. Birthplace Wisharts Va

MOTHER
14. Maiden Name Vasti Bright
15. Birthplace " S A Virginia

16 (a) Informant Joseph L Taylor
(b) Address Horsey Va.

17 (a) Greenwood (Burial, cremation, or removal) (b) Date thereof Sept 8 1939 (month) (day) (year)
(c) Cemetery or crematory Greenwood
Location Temperanceville Va

18 (a) Funeral director B R Fellows
(b) Address Stiles Bond

19 (a) Sept 6 1939 (Date rec'd by registrar) (b) J W Clark Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 3 1939, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Did not attend him 19__ to 19__, and that I last saw him alive on 19__

Immediate cause of death Accidental — Duration

Due to Drowning: A boat was involved. Qu. S.R.

Due to Boat was entering Chesapeake Bay, just north of Betterton at night. Deceased, who was walking on narrow deck, fell overboard, went down and was drowned.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accidental Drowning
(b) Date of occurrence Sept 3, 39
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Frank Hines M D Deputy Medical Exam. M. D. or other
Address Chestertown Md Date signed Sept 6, 39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 27 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

69096

(161a)

1. PLACE OF DEATH

County Kent Registration Dist. No. 203

Village or City Rock Hall No. Swan Creek St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Rufus Thomas If U. S. Veteran, specify WAR ...

(a) Residence: No. ... Rock Hall St., ... Ward. ...

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	col.	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Aug 31 1939

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Rock Hall (State or country) md

FATHER

13. NAME Alfred Edw Thomas

14. BIRTHPLACE (city or town) Cape Charles (State or country) Virg

MOTHER

15. MAIDEN NAME Gladys Hynson

16. BIRTHPLACE (city or town) Rock Hall (State or country) Md

17. INFORMANT Mother (Address) ...

18. BURIAL, CREMATION, OR REMOVAL Place Shadestown Date Sept 2 1939

19. UNDERTAKER Alfred Thomas Father (Address) Rock Hall

20. FILED Sept 2, 1939 Mrs. T. B. Dunning Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 2 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1939, to Sept 2, 1939

I last saw h... alive on Sept 1, 1939; death is said to have occurred on the date statad above, at 3:00 A m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Atelectasis pulmo.	

Other Contributory Causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Albert A. Burgard M. D.

(Address) Rock Hall, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 2 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94B)

09097

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County: Kent

City or town: Near Colemans Corner (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Betterton R.D. Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): Most of life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Kent

City or town: Near Colemans Corner Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Betterton R.D. Md (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Eliza Jane Tindley

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles Tindley Deceased

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 11, 1868

8. AGE: Years 71 Months 6 Days 6 If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: House

FATHER

12. Name: Joseph Lanck

13. Birthplace: Kent Mon

MOTHER

14. Maiden name: Mary Francis Weaver

15. Birthplace: Virginia

16. Informant: Pauline Ford

Address: 2008 Madison Ave Baltimore Md

17. Burial, cremation, or removal (Burial, cremation, or removal, Which?) Date thereof: Sept 20 1939 (month) (day) (year)

Cemetery or crematory: Colemans Norton Md R.F.D.

Location: —

18. Funeral director: B.R. Fellows

Address: Still Cond Md

19. Sept 20 1939 (Date rec'd by registrar) J.W. Clark Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 18 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Did not attend her 19__ to 19__ and that I last saw h__ alive on 19__.

Immediate cause of death: Probably Coronary Thrombosis

Due to: Arterio Sclerosis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

DURATION: Dont Mon

Dont Mon

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: None Injured at work?

Frank Hines M.D. Deputy Medical Exam. Kent Co

23. SIGNATURE: M. D. or other

Address: Chestertown Md Date signed: Sept 19/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 5 1933
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09098

1. PLACE OF DEATH (8)

County ~~Massey~~ Kent Registration Dist. No. 2W

Village or City Massey Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Womack

(a) Residence: No. (Womack) St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) Sept 13, 1939

7. AGE Years Months Days Still Birth If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓ Child

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Massey Kent Co Md

FATHER

13. NAME Alfred Womack

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Emaline Summons

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Alfred Womack

(Address) Massey, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Burial at home Date Sept 14, 1939

19. UNDERTAKER Alfred Womack (Father)

(Address) ~~Massey Washington~~ Md

20. FILED Sept 14, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 13 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 13 1939 to Sept 13, 1939

I last saw him ~~alive on~~ Still Sept 13, 1939; death is said to have occurred on the date stated above, at 2 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Strangulation at Birth

Date of onset

Other Contributory Causes of Importance: Umbilical Cord around neck

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. W. Stack M. D.

(Address) Crumpton Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
OCT 6 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

Reg. Dist. No. 202 09099

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Kent

City or town (Res) Chestertown, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) Abutment 6 Years

Stay in this community (yrs., or mos., or days) 65

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Kent

City or town Rock Hall, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herbert Warren

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M.	C	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years: Above 65 | Months | Days | If less than one day: hrs. min.

9. Birthplace Rock Hall, Md
(Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden name Unknown

15. Birthplace

18. Informant Melvin Warns

Address Rock Hall, Md

17. Bury Date thereof Sept 18-1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chestertown

Location Kent Co. Md

18. Funeral director Asbury Henry

Address Chestertown, R.D.

19. Sept. 17 1939 Chas. R. Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1939 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 10 1939 to Sept. 15 1939 and that I last saw him alive on Sept. 13 1939.

	DURATION
Immediate cause of death Hemiplegia	6 days.
Due to Arteriosclerosis +	
Due to Chr. Interstitial Nephritis	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Merritt Price M. D. or other

Address Millington Md Date signed 9/13/39

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-P) Reg. Dist. No. 202

CERTIFICATE OF DEATH

09100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Kent
(b) City or town Hartley, Poast rnd
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Butlertown R.F.D Norton
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? [illegible] years

3 (a) FULL NAME Emory Whye.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife alice Whye

6. (c) If alive, give age No years

7. Birth date of deceased (mo., day, yr.) apr 5 1885

8. AGE: Years 54 | Months 5 | Days 17 | If less than one day ____hr. ____min.

9. Birthplace Norton md
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business Farming

FATHER
12. Name William Whye
13. Birthplace maryland

MOTHER
14. Maiden Name Maria Trisbie
15. Birthplace Coleman R.F.D Norton md

16 (a) Informant Bertie Whye
(b) Address Norton rnd R.F.D Butlertown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1939 (month) (day) (year)
(c) Cemetery or crematory Butlertown
Location Butlertown rnd

18 (a) Funeral director B. R. Fellows
(b) Address Still Pond, rnd.

19 (a) Sept. 23 1939 (Date rec'd by registrar) (b) Alice R. Smith Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 22 1939 at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939, to Sept 22 1939, and that I last saw him alive on Sept 22 1939

Immediate cause of death Broncho Pneumonia — Duration 1 day

Due to Heart disease — Duration 4 yrs

Due to — Duration

Other conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None While at work?
(Specify type of place)
(e) Means of injury None

23. Signature [illegible] M. D. or other
Address [illegible] Date signed 9/27/39

RECEIVED
OCT 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09101

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (748)

County Kent Registration Dist. No. 202

Village or City Chestertown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Washington Irving Woodall If U. S. Veteran, specify WAR —

(a) Residence: No. 112 Locust St. Chestertown St. Md. Ward. Social Security: 717-07-9581

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Male	White	Married

5a. If married, ~~widowed~~, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Lillie R. Woodall

6. DATE OF BIRTH (month, day, and year) 6 – 13 – 1878

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
61	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Sea Captain

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Steamboat

10. Date deceased last worked at this occupation (month and year) Aug 24 | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Crumpton, Md. (State or country)

FATHER

13. NAME Washington L Woodall

14. BIRTHPLACE (city or town) Queen Anne Co. (State or country)

MOTHER

15. MAIDEN NAME Verna D. Bostwick

16. BIRTHPLACE (city or town) Queen Anne Co. (State or country)

17. INFORMANT Mrs Lillie R. Woodall (Address) Wife

18. BURIAL, CREMATION, OR REMOVAL Place Chester Cemetery Date Sept 19, 1939

19. UNDERTAKER Ralph H Hailton, Inc (Address)

20. FILED Sept 18, 1939 Alice C. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 9 (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1939 to Sept 16, 1939

I last saw h— alive on Sept 16, 1939; deeth is said to have occurred on the date steted ebove, at 5:34 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Coronary Thrombosis	5 P.M. Sept 16
	1939
Other Contribntory Causes of Importance:	

Neme of operation — Date of —

What test confirmed diagnosis? — Wes there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Dete of injury —, 19—

Where did Injury occur? — (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any wey related to occupation of deceased? —

If so, specify —

(Signed) H. G. Sanders M. D.

(Address) Chestertown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 201

09102

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Kent Co

(b) City or town Worton Md R F D Colemans
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Kent

(c) City or town R F D Worton Md Colemans
(If outside city or town limits, write RURAL and give town)

(d) Street No. — — —
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Grace Wright

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F

5. Color or race C

6 (a) Single, ~~married~~, ~~widowed~~, or ~~divorced~~. —

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July ~~24~~ 21 1939

8. AGE: Years — Months 1 Days 24 If less than one day — hr. — min.

9. Birthplace Worton Md R F D Colemans
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Herman Clayton
13. Birthplace Worton Md R F D Colemans

MOTHER
14. Maiden Name Ernestine Wright
15. Birthplace Worton Md Colemans

16 (a) Informant Herman Clayton
(b) Address Worton Md Colemans R F D

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept 18 1939. (month) (day) (year)
(c) Cemetery or crematory Colemans Md
Location Colemans Md

18 (a) Funeral director B R Fellows
(b) Address Still Pond Md.

19 (a) Sept 18 1939 (Date rec'd by registrar) (b) J W Clark Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 17 1939 at 830 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to Sept 16th 1939, and that I last saw him alive on Sept 16 1939.

Immediate cause of death Marasmus.

Due to

Due to Amoebic Dysentery; duration not stated. J C G R

Other conditions

(Include pregnancy within 3 months of death)

Major findings: —

Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. P. Atwell
M. D. or other

Address Still Pond Date signed Sept 18th

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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